



Q1. Question 1, page 24, 4.2.5.1.4, Project Staff/Resumes/Job Description

Due to the large number of pages included with the staff resume and/or job description, will the resume and job description pages be included in the 100 maximum page count limit for the RFP response?

R1. Yes.

Q2. Question 2, page 7, 1.0 Project Overview – Additional slots may be awarded for this procurement based upon needs of the Department

Is there a high probability that additional beds beyond the requested 40 female slots will be needed for this procurement? If, so, approximately how many?

R2. If additional slots of service are needed to serve males and/or females, discussions will occur post award, as warranted.

Q3. Question 3, page 15, 3.0 Intensive Residential Programming – Children with significant substance abuse needs, which require intensive treatment, are also eligible.

- a. Could you qualify “significant” substance abuse needs?
- b. Are children with a primary diagnosis of substance abuse to be served under this RFP?

R3. The impact of substance abuse will vary in significant based on the individual. Out-patient treatment may be included in the treatment plan for these children. Some intensive programs have a substance abuse component. Each case will be reviewed on an individual basis when considering placement.

Q4. 1. Pg. 15 paragraph 4, 2nd to last sentence reads, “The provider will follow the Federal Psychotropic Drug protocol in regards to the appropriate use and monitoring of psychotropic medications.” What is and where can we find the “Federal Psychotropic drug protocol”? The Information Memorandum from the Administration for Children and Families (ACF) that is posted with this RFP on SDHR’s website states in its “Purpose” statement that the document is “To serve as a resource to State and Tribal IV-B agencies as they comply with requirements to develop protocols for the appropriate use and monitoring of psychotropic medications in the title IV-B plan. Furthermore, it goes on to say that the purpose of the memo is to “define”, “highlight”, and “encourage”, but it is itself not an actual Protocol to be followed.

The legal reference used as a basis for creating the memo is Section 422(b)(15) of the Social Security Act (the Act), which states, “the State will develop, in coordination and collaboration with the State agency referred to in paragraph (1)



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and the State agency responsible for administering the State plan approved under subtitle I of title XIX, and in consultation with pediatricians, other experts in health care, and experts in and recipients of child welfare services, a plan for the ongoing oversight and coordination of health care services for any child in a foster care placement, which shall ensure a coordinated strategy to identify and respond to the health care needs of children in foster care placements, including mental health and dental health needs, and shall include an outline of—...” “(v) the oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications“

It would appear that we are being required to follow the Federal Psychotropic Drug protocol, which according to the applicable laws and information does not exist and is only a law ordering states to come up with a protocol.

Questions—Is there an actual Federal Psychotropic Drug Protocol? If yes, can we get a copy of the protocol? If no, does the state of Alabama have “a plan” as is required by The Act as referenced above and reiterated by the Information Memorandum from the ACF? If yes, can we get a copy of the actual Psychotropic Drug Protocol we are required to follow?

R4. More information on the referenced protocol will be forthcoming.

Q5. 2. Page 20, Section 3.3 Part I, subpart g – “the psychological should be updated every two years after the initial placement, which should support either step down or movement up in intensity of care” Question: what if the psychological contradicts the MAT?

R5. Vendor(s) and county staff should hold an ISP to address the issue.

Q6. 3. Section 3.3 Point I, Subpoint f – “the county department is responsible for the EPSDT periodic screening and inter-periodic screenings for children in custody. The county department is responsible for the initial medical exam which can be handled through the periodic screening”. Question: Is DHR responsible for scheduling, transporting, and ensuring the EPDST screenings are held rather than the Vendor?

R6. Section 3.2 Core Services notes that the vendors must provide local transportation to appointments identified in the ISP, and that the vendors provide routine medical care. The County DHR office is responsible for the EPSDT screening and inter-periodic screening. The “who” will do “what” around this is best decided by the ISP team.

Q7. 4. 3.2 CORE SERVICES FOR MONTGOMERY INTENSIVE G. Provide forty (40) hours of pre-service training, including TIPS (Trauma Informed Partnership Permanency Safety) and Reasonable, and Prudent Parenting Standards (RPPS) to Intensive families prior to licensure. Question—How does the

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requirement to provide training to intensive families prior to licensure apply to IRPs?

R7. At the present time, intensive residential placements have been excluded from RPPS and TIPS. More information will be forthcoming.

Q8. 5. Page 18 3.2 (U)—states the Executive Director/CEO shall advise the Alabama SDHR office of Licensure about reported allegations suspected abuse and/or neglect. Question: Can this be reported by a CEO designated staff member?

R8. Yes.